

ARIZONA STATE BOARD OF HEALTH

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
PHOTOGRAPHIC SECTION

STATE OF ARIZONA

DECLASSIFIED

2-21-2000 AZ
00-10728

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

return should preferably be made
by person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Miami, Ariz. County Gila No. Davis Canon St.
(Registration District)

CHILD*	Twin Triplet or other?	and	Number in order of birth
OF BIRTH* <u>August 8, 1930</u>			
(Month) (Day) (Year)			
FATHER <u>Jesus Sanchez</u>			
MOTHER <u>Juanita Estrada</u>			

I HEREBY CERTIFY that the child described
herein has been named

Olivia Sanches

(Give name in full)

(Surname)

Juanita Sanchez
(Parent's Signature)

(Signature of Physician or Midwife)

Use items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
U.A.P.

622-808-151